

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002370

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 17

FILED FEB 11 1963

1. PLACE OF DEATH

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWNTroyBEDFORD TWP

Length of stay in lb

24 hrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONLincoln County
Memorial Hospital

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Lincoln

admission)

c. CITY
OR
TOWNTroy

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Near City Limits

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print):

First

Middle

Last

ArchieCameronTaylor4. DATE
OF
DEATH

Month

Day

Year

Feb41963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/5/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Thresherman

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William A. Taylor

13b. MOTHER'S MAIDEN NAME

Sara Ann Hammock

14. NAME OF HUSBAND OR WIFE

Lucy Dryden Taylor15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

John and Gene Taylor
(Sons)

Address

Troy, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Vascular Accidents

DUE TO (b)

Arteriosclerosis

DUE TO (c)

SenilityPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal
disease condition given in PART I (a))PART III. If deceased was female was
there a pregnancy in last 90 days?☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2/1/63
8:302/4/63
8:30

and last saw her alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Feb. 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

OLD ALEXANDRIA

23d. LOCATION (City, town, or county)

Troy, Mo.

24. FUNERAL DIRECTOR

ADDRESS

TROY, MO.

25. DATE RECD. BY LOCAL REG.

2-5-1963

26. REGISTRAR'S SIGNATURE

Charlotte Leek

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harward O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.